

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	me		10/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	572	11-28-01
RESPONSE FORMALITY REVIEW	MD AG	5815 640	2/1/02 5-16-02

INDEX OF CLAIMS

Rejected N
 Allowed I
 Canceled A
 Restricted O
 Non-elected
 Interference
 Appeal
 Objected

see also
 524-916
 625-919

Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

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TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

7/16/02
 286
 02-02-02
 0/04
 2/7/02